



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING  
400 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165  
TTY: 1-800-270-1349  
[www.tn.gov/humanserv/](http://www.tn.gov/humanserv/)

**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

Applicant Name:

Maiden Name:

Address:

Date of Birth:

Social Security Number:       -       -

Please list all Rhode Island Counties the Applicant has resided:

I authorize the Central Registry & Child Abuse DCYF of Rhode Island to conduct a Child Abuse Registry Check based off the information listed above, and return the information gained to the TN Department of Human Services Child Care Licensing, James K. Polk Building, 15th Floor, 505 Deaderick St., Nashville, TN 37243.

Signature:

Date:

Applicant Print Name: